

1. CORRESPONDENCE ADDRESS



GRANT & TRADEMARK
 900 SO. HARBOR BLVD., STE. 805
 ANAHEIM, CA 92805

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/345,084	04/28/89	002	FRIEDMAN, S	125 08/15/89
First Named Applicant KATZ, DAVID H.				

TITLE OF INVENTION **INFLAMMATORY DISEASE TREATMENT**

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1	LIDAK024A	514-724.400	028	UTILITY	YES	\$310.00	11/15/89

DO NOT USE THIS SPACE

2a. The following fees are enclosed:

☒ Issue Fee ☒ Advanced Order - # of Copies 10
 (Minimum of 10)

2b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 08-3102

☐ Issue Fee ☐ Advanced Order - # of Copies _____
☒ Any Deficiencies in Enclosed Fees (Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

Grant L. Hubbard 8/18/89
 NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT



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Grant L. Hubbard

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Registration No. 24193

Attorney's Docket No. LIDAK-024A

(Rev. 28-11/85 Pub. 605)

FORM 9-10

9-29

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: David H. Katz

Serial No. 07/345,084

Group No. 125

Filed: 04/28/89

Examiner: Friedman, S.

For: INFLAMMATORY DISEASE
TREATMENT

Batch No. V28

Commissioner of Patents and Trademarks

Washington, D.C. 20231

PAYMENT OF ISSUE FEE (37 CFR 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.

2. Fee (37 CFR 1.18(a))

Application status is:

☒ small business entity—

fee ~~\$280.00~~ 310.00

☐ verified statement attached

☒ verified statement filed on 04/28/89

☐ other than small entity—

fee \$560.00

3. Payment of fee

☒ Enclosed please find check for \$ 325.00 (Issue fee and 10 advance order copies)

☒ Charge Account 08-3102 for any fee deficiency.

☐ Charge Account _____ the sum of \$ _____ A duplicate of this request is attached.

Reg. No.: 24,193


SIGNATURE OF ATTORNEY

Grant L. Hubbard

Type or print name of attorney

300 S. Harbor Blvd., Ste. 805
P.O. Address

Anaheim, CA 92805

CERTIFICATE OF MAILING (37 CFR 1.6a)

I hereby certify that this paper (along with the attached Issue Fee Transmittal form PTOL-85 and any other paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231

Date: 08/18/89

Dawn M. Cook

(Typed or print name of person mailing paper)


(Signature of person mailing paper)

(Payment of Issue Fee [9-10])

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EXTENSION OF TERM

3. (complete (a) or (b) as applicable)

(a) Extension requested (check below the total number of months of extension requested):

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$56.00	\$28.00
<input type="checkbox"/> two months	\$170.00	\$85.00
<input type="checkbox"/> three months	\$390.00	\$195.00
<input type="checkbox"/> four months	\$610.00	\$305.00
		Fee \$ _____

(check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured and the fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

or

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

(Col. 1)			(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	• 2	MINUS	** 20	=	0	x6=	\$ 0		x12=	\$
INDEP.	• 1	MINUS	*** 3	=	0	x17=	\$ 0		x34=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+55=	\$ 0		+110=	\$
							TOTAL ADDIT. FEE	\$ 0 \$ 0	OR	TOTAL \$

- * If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

(complete (c) or (d) as applicable)

- (c) ☒ No additional fee is required

or

- (d) ☐ Total additional fee required \$ _____

(Amendment Transmittal [9-19]—page 2 of 3)

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(Rev. 28-11/85 Pub. 605)

FORM 9-19

9-55

5. FEE PAYMENT

- ☐ Attached is a check in the sum of \$ _____
- ☐ Charge Account No. _____ the sum of \$ _____

A duplicate of this transmittal is attached.

6. FEE DEFICIENCY

- ☒ If any additional extension fee is required, charge Account No. 08-3102

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 08-3102

Reg. No.: 24,193

Tel. No.: (714) 491-9076


SIGNATURE OF ATTORNEY

Grant L. Hubbard

Type or print name of attorney

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